

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

Type or Print in Ink

Name of Organization

Other Names Used for Soliciting

Daytime Telephone Number

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Address (Number, Street, City, State, Zip Code)

If the above organization has any offices in Wisconsin, please provide the address and telephone number of each office, or, if the charitable organization does not have an address, please list the name, address and telephone number of the person or persons having custody of its financial records.

Type of Organization

☐ Corporation ☐ Partnership ☐ Individual ☐ Other: _____

Date Incorporated or Established and Location

Check here if non-stock
Not-for-Profit Corporation

☐

Month and day on which your fiscal year ends: _____

APPLICATION FEE:

Please make checks payable to the Department of Regulation and Licensing. Attach check to this application.

\$15.00

For Receipting Use Only

For Office Use Only	
Registration Number	Registration Date

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1. Is your organization tax exempt? ☐ Yes ☐ No
If **YES**, **attach a copy** of the determination letter from the IRS.
If **NO**, has your organization filed with the IRS an Application for Recognition of Exemption (Form #1023)? ☐ Yes ☐ No
If **YES**, **attach a copy**.
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2. A. Did your organization solicit or conduct fund-raising in Wisconsin during its most recently-completed fiscal year? ☐ Yes ☐ No
B. During the current fiscal year? ☐ Yes ☐ No
If you answered YES to question 2A, a financial report must be submitted for your organization's most recently-completed fiscal year. Please refer to information relating to financial reports, enclosed with the application packet.
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3. Does your organization use a professional fund-raiser to solicit contributions in Wisconsin by mail, telephone or any other means of communication? ☐ Yes ☐ No
Does your organization use a fund-raising counsel to plan, manage or advise you with respect to solicitations in Wisconsin? ☐ Yes ☐ No
If YES, provide the name and address of the fund-raiser or fund-raising counsel.
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4. If your organization uses a fund-raising counsel, does the fund-raising counsel, at any time, have custody of any contributions? ☐ Yes ☐ No
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5. List other states with which your organization is registered or from which it has a permit, license or any other formal authorization for soliciting contributions.
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6. Has a license, permit, or registration of your organization ever been DENIED or REVOKED by another governmental agency or are proceedings pending? ☐ Yes ☐ No
If YES, attach a detailed statement of explanation.
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7. Has your organization ever been enjoined from soliciting contributions or are proceedings pending? ☐ Yes ☐ No
If YES, attach a detailed statement of explanation.
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8. Have any of your organization's officers or executive personnel ever been convicted of a felony or misdemeanor, or are changes pending? ☐ Yes ☐ No
If YES, list the persons, the nature of the conviction and the year of the conviction on the back of the next page.
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9. Foreign corporations must provide a copy of the Certificate of Incorporation issued by the state in which they are incorporated.
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10. Attach copy of your organization's Charter, Articles of Incorporation, Agreement of Association, Instrument of Trust, Constitution or other organizational instrument and bylaws.
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11. Attach statement explaining how your organization will use contributions received.
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12. List all officers, directors, trustees and executive personnel. MARK IN THE FIRST COLUMN ALL INDIVIDUALS WHO ARE RESPONSIBLE FOR FINAL DISTRIBUTION OF CONTRIBUTIONS RECEIVED BY YOUR ORGANIZATION.

X	NAME	ADDRESS	TITLE

13. List the names of the persons within your organization who have final responsibility for the custody of contributions received by your organization.

NAME	ADDRESS	TITLE

CERTIFICATION: *We certify that the information furnished in this statement and all continuation sheets are true and correct to the best of our knowledge.*

TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW.

Date	Signature of President or Authorized Officer	Title
Date	Signature of Chief Fiscal Officer	Title

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

(Seal)

Date Commission Expires